



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 8944

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/748,589	12/30/2003	705	3626	EIS-5909H (1417G P 984)
RULE				
APPLICANTS Thomas L.C. Simpson, Burlington, WI; Laura M. Letellier, Buffalo Grove, IL; James P. Martucci, Libertyville, IL; Gordon J. Wilkes, Newmarket, CANADA;				
** CONTINUING DATA ***** This application is a CIP of 10/659,760 09/10/2003 and is a CIP of 10/424,553 04/28/2003 which is a CIP of 10/135,180 04/30/2002 This application 10/748,589 12/30/2003 claims benefit of 60/444,350 02/01/2003 and claims benefit of 60/488,273 07/18/2003 and claims benefit of 60/528,106 12/08/2003				
** FOREIGN APPLICATIONS *****				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/11/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY WI	SHEETS DRAWINGS 59
Verified and /KRISTINE K RAPILLO/ Examiner's Signature			TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
ADDRESS BAXTER HEALTHCARE CORPORATION 1 BAXTER PARKWAY DF2-2E DEERFIELD, IL 60015 UNITED STATES				
TITLE Medical data communication notification and messaging system and method				
FILING FEE RECEIVED 1304	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	